

**WAR RELATED ILLNESS AND INJURY STUDY CENTER (WRIISC)  
INITIAL PATIENT ASSESSMENT**

**Date of Exam:** \_\_\_\_\_

**Reason for Referral:**

**Please list medically unexplained war-related symptoms**

**Is veteran medically stable for travel?**                      Yes                      No

**DEMOGRAPHICS**

**Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_                      **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Race:** \_\_\_\_\_                      **Sex:** \_\_\_\_\_                      **Marital Status:** \_\_\_\_\_

**Referring MD:** \_\_\_\_\_

**Address of Referring MD:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone Number of Referring MD:** \_\_\_\_\_

**MILITARY INFORMATION**

**Military Service in Combat Area**                      Yes                      No

**Dates of Deployable Military Service:** \_\_\_\_\_

**Military Occupational Specialty:** \_\_\_\_\_

**Military Unit in which Veteran Served:** \_\_\_\_\_

**POW Status**                      Yes                      No

## MEDICAL INFORMATION

### Allergies:

### Active Medications:

### Problem List:

SOCIAL HISTORY (include occupational history, tobacco and alcohol use, substance abuse, social living situation):

## MILITARY EXPOSURE INFORMATION

### Have you had exposure to the following:

	Yes	No
1. Smoke from burning oil wells.	Y	N
2. Diesel, kerosene, and/or other petrochemical fumes	Y	N
3. Skin exposure to fuels	Y	N
4. Paints or other petrochemical substances	Y	N
5. Depleted uranium	Y	N
6. Radiation sources	Y	N
7. Pesticides	Y	N
8. Nerve Gas	Y	N
9. Mustard Gas	Y	N
10. Contaminated Food	Y	N
11. Contaminated Water	Y	N
12. Contact with Prisoners of War	Y	N
13. Contact with dead animals	Y	N
14. Wore chemical protective gear and/or heard chemical alarms	Y	N
15. Witnessed death	Y	N
16. Experience sexual assault or sexual harassment	Y	N
17. Ammunition or missile explosion within a one mile radius of your locale	Y	N
18. Biological agents	Y	N
19. Harsh living conditions	Y	N
20. Insect bites	Y	N
21. Vaccines or other preventative measures:		
a. anthrax	Y	N
b. small pox	Y	N
c. yellow fever	Y	N
d. botulism	Y	N
e. hepatitis A	Y	N
f. hepatitis B	Y	N
g. Rabies	Y	N
h. Malaria pills	Y	N
i. Pyridostigmine pills (NAPP)	Y	N
j. Other _____	Y	N
22. Other Exposures _____	Y	N

MEDICAL REVIEW OF SYSTEMS (pertinent positives and negatives)

**General:**

**Skin:**

**Head, Ears, Eyes, Nose, Throat:**

**Respiratory:**

**Cardiovascular:**

**Gastrointestinal:**

**Genitourinary:**

**Musculoskeletal:**

**Hematological:**

**Peripheral vascular:**

**Neurological:**

**Psychiatric:**

<b>Is veteran experiencing symptoms of active suicidal ideation?</b>	Yes	No
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<b>Is veteran acutely mentally ill?</b>	Yes	No
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**Comments:**

PHYSICAL EXAM FINDINGS (pertinent positives and negatives)

**Vitals:**

**Wt:**

**Ht:**

**General appearance:**

**Skin:**

**Head, Ears, Eyes, Nose, Throat:**

**Lungs:**

**Cardiovascular:**

**Abdomen:**

**Genitalia:**

**Rectal:**

**Extremities:**

**Neurologic:**

**Psychiatric:**

LABORATORY INFORMATION

(cbc, chem 7, lfts, tsh, vdrl, occult blood, b12, hiv, hepatitis panel, esr, urinalysis)

DIAGNOSTIC INFORMATION

(recent xrays, MRI, CT scan, EKG, EMG, sleep studies)

**Consults:**

**Assessment:**

**Plan:**